

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 78

Primary Registration District No. 4555371

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Washington Twp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Two Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Dayton, Mo (b) County Daviess 51  
(c) City or town Rural (If outside city or town limits, write "RURAL") 0  
(d) Street No. Washington Twp (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME Jessie K. Woody

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Catherine Woody (Decd) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 20 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Nathan Woody

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Synthia Jane McClelland

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Jessie H. Woody

(b) Address Amison mo

17. (a) Burial (b) Date thereof Oct 29/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsburg, Mo

19. (a) Nov 5 1945 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1945 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 24, 1945 to Oct. 27, 1945 that I last saw h. im alive on Oct. 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia (right)

Due to Cerebral hemorrhage

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy [Signature]

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature]

Address [Address] Date signed 11/24/45

Duration

3 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 111  
District File Number  
Date Filed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *A. L. Grimmer*

Licensed Embalmer No. 2257

P. O. Address Pattonsburg, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**